

MELINDA D. MIDDLEBROOKS
 MIDDLEBROOKS SHAPIRO, P.C.
 841 MOUNTAIN AVE
 FIRST FLOOR
 SPRINGFIELD, NJ 07081

**IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE DISTRICT OF NEW JERSEY**

TRUSTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS AS OF 12/31/2018
Chapter 13 Case # 17-30297

Re: RAYMOND A. GONZALEZ
 324 CLEVELAND AVENUE
 HASBROUCK HEIGHTS, NJ 07604

Atty: MELINDA D. MIDDLEBROOKS
 MIDDLEBROOKS SHAPIRO, P.C.
 841 MOUNTAIN AVE
 FIRST FLOOR
 SPRINGFIELD, NJ 07081

NOTE: THIS IS A BASE PLAN IN THE AMOUNT OF \$12,000.00

RECEIPTS AS OF 12/31/2018

(Please Read Across)

Date	Amount	Source Document No.	Date	Amount	Source Document No.
11/02/2017	\$100.00	24505635295	11/30/2017	\$200.00	24479725206
01/03/2018	\$200.00	24479726905	02/01/2018	\$200.00	24479732226
03/02/2018	\$200.00	24479731258	04/02/2018	\$200.00	24479735512
05/07/2018	\$200.00	24479738087	06/04/2018	\$200.00	24921379258
07/06/2018	\$200.00	24940163384	08/21/2018	\$200.00	24940169818
09/06/2018	\$200.00	24479746705	10/10/2018	\$200.00	25505075305
11/06/2018	\$200.00	25323204150	12/11/2018	\$200.00	23684776222
12/11/2018	\$200.00	23684776233			

Total Receipts: \$2,900.00 - Amount Refunded to Debtor: \$0.00 = Receipts Applied to Plan: \$2,900.00

LIST OF PAYMENTS TO CLAIMS AS OF 12/31/2018

(Please Read Across)

Claimant Name	Date	Amount	Check #	Date	Amount	Check #
CAPITAL ONE BANK	11/19/2018	\$8.49	813,728			
CONNECTONE BANK	10/22/2018	\$127.00	811,524	11/19/2018	\$131.85	813,493
	12/17/2018	\$131.80	815,365			
ENGLEWOOD HOSPITAL	10/22/2018	\$5.23	811,932	11/19/2018	\$5.43	813,873
	12/17/2018	\$5.43	815,757			
HACKENSACK UNIVERSITY MEDICAL CENTER	11/19/2018	\$7.02	813,345			
NJCLASS	10/22/2018	\$7.75	812,233	10/22/2018	\$12.53	812,233
	11/19/2018	\$8.04	814,159	11/19/2018	\$13.01	814,159
	12/17/2018	\$8.04	816,050	12/17/2018	\$13.01	816,050
PRA RECEIVABLES MANAGEMENT LLC	11/19/2018	\$5.61	8,000,769			

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Claimant Name	Date	Amount	Check #	Date	Amount	Check #
ST CLARES HOSPITAL						
	10/22/2018	\$10.39	811,409			
	12/17/2018	\$10.78	815,238			
STATE OF NJ				11/19/2018	\$10.78	813,368
	12/17/2018	\$7.46	816,467			
WELLS FARGO BANK NA						
	11/19/2018	\$8.45	814,790			

CLAIMS AND DISTRIBUTIONS

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
TTE	TRUSTEE COMPENSATION	ADMIN			153.90	TBD
ATTY	ATTORNEY (S) FEES	ADMIN	1,810.00	100.00%	1,810.00	0.00
COURT	CLERK OF COURT	ADMIN	0.00	100.00%	0.00	0.00
0001	CLINTON PLACE CONDOMINIUM ASSOC.	UNSECURED	0.00	*	0.00	
0004	THE TRAVELERS INDEMNITY COMPANY	UNSECURED	0.00	*	0.00	
0007	14 EUCLID CONDO ASSOCIATION	UNSECURED	0.00	*	0.00	
0008	41ST AVE CONDO	UNSECURED	0.00	*	0.00	
0009	71-75 GRAND STREET CONDO	UNSECURED	0.00	*	0.00	
0010	ALLIED MEDICAL ASSOCIATES	UNSECURED	0.00	*	0.00	
0011	ATLANTIC MEDICAL GROUP	UNSECURED	0.00	*	0.00	
0012	ATLANTIC MEDICAL GROUP	UNSECURED	0.00	*	0.00	
0013	CAPITAL ONE BANK	UNSECURED	0.00	*	0.00	
0014	CHASE	UNSECURED	0.00	*	0.00	
0015	CHILTON MEDICAL CENTER	UNSECURED	0.00	*	0.00	
0016	CHILTON MEDICAL CENTER	UNSECURED	0.00	*	0.00	
0017	GREENBRIAR CONDO	UNSECURED	0.00	*	0.00	
0018	HACKENSACK UNIVERSITY MEDICAL C	UNSECURED	1,631.03	*	17.77	
0019	HESAA-NJCLASS	UNSECURED	0.00	*	0.00	
0020	KESSLER INSTITUTE FOR REHABILITATIO	UNSECURED	0.00	*	0.00	
0021	KESSLER PROFESSIONAL SERVICES	UNSECURED	0.00	*	0.00	
0022	ASHLEY FUNDING SERVICES, LLC	UNSECURED	42.54	*	0.00	
0023	MOUNTAIN LAKES PATHOLOGY, LLC	UNSECURED	0.00	*	0.00	
0024	NEW YORK LIFE INSURANCE	UNSECURED	0.00	*	0.00	
0025	NORTHERN VALLEY ANESTHESIOLOGY	UNSECURED	0.00	*	0.00	
0026	NORTHWEST RADIOLOGY ASSOC.	UNSECURED	0.00	*	0.00	
0027	PARK LANE CONDO	UNSECURED	0.00	*	0.00	
0028	QUEST DIAGNOSTICS	UNSECURED	0.00	*	0.00	
0029	ST CLARES HOSPITAL	UNSECURED	4,912.69	*	53.50	
0030	SUMMIT MEDICAL GROUP	UNSECURED	0.00	*	0.00	
0031	WELLS FARGO BANK NA	UNSECURED	1,963.30	*	21.38	
0032	1107 WASHINGTON	UNSECURED	0.00	*	0.00	
0033	131 MADISON	UNSECURED	0.00	*	0.00	
0034	194 KENSINGTON	UNSECURED	0.00	*	0.00	
0035	210 3RD ST	UNSECURED	0.00	*	0.00	
0036	333 MONROE	UNSECURED	0.00	*	0.00	
0037	352 7TH STREET	UNSECURED	0.00	*	0.00	
0038	50 PARMLEY CONDO	UNSECURED	0.00	*	0.00	
0039	726 ADAMS	UNSECURED	0.00	*	0.00	
0040	819 WASHINGTON ST	UNSECURED	0.00	*	0.00	
0041	830 BLOOMFIELD	UNSECURED	0.00	*	0.00	
0042	924-926 JEFFERSON	UNSECURED	0.00	*	0.00	
0043	934 HUDSON CONDO	UNSECURED	0.00	*	0.00	
0044	ADAMS HOUSE	UNSECURED	0.00	*	0.00	
0045	CELIA GARDENS	UNSECURED	0.00	*	0.00	
0046	CHARLES COURT	UNSECURED	0.00	*	0.00	

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Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
0047	CLINTON PLACE	UNSECURED	0.00	*	0.00	
0048	COLUMBIA PARK	UNSECURED	0.00	*	0.00	
0049	CROSSINGS	UNSECURED	0.00	*	0.00	
0050	CROWN CONDO ASSOC	UNSECURED	0.00	*	0.00	
0051	HAMILTON PARK	UNSECURED	0.00	*	0.00	
0052	JEFFERSON MILLENNIUM	UNSECURED	0.00	*	0.00	
0053	JULIETTE	UNSECURED	0.00	*	0.00	
0054	PARK CENTRAL	UNSECURED	0.00	*	0.00	
0055	SUMMIT	UNSECURED	0.00	*	0.00	
0056	TERRACES	UNSECURED	0.00	*	0.00	
0057	TRIBECA	UNSECURED	0.00	*	0.00	
0058	TRINOVA WILLOW	UNSECURED	0.00	*	0.00	
0059	UNION CLUB	UNSECURED	0.00	*	0.00	
0060	UNION GRANDE	UNSECURED	0.00	*	0.00	
0061	WASHINGTON HOUSE	UNSECURED	0.00	*	0.00	
0062	WATERFRONT	UNSECURED	0.00	*	0.00	
0063	WESTCOURT	UNSECURED	0.00	*	0.00	
0064	WILLOW CREST	UNSECURED	0.00	*	0.00	
0065	STATE OF NJ	UNSECURED	1,147.28	*	12.50	
0066	NJCLASS	UNSECURED	3,664.40	*	39.92	
0067	NJCLASS	UNSECURED	5,929.03	*	64.58	
0068	CAPITAL ONE BANK	UNSECURED	1,973.23	*	21.50	
0069	PRA RECEIVABLES MANAGEMENT LLC	UNSECURED	377.58	*	0.00	
0070	PRA RECEIVABLES MANAGEMENT LLC	UNSECURED	1,304.71	*	14.21	
0071	PRA RECEIVABLES MANAGEMENT LLC	UNSECURED	454.31	*	0.00	
0072	RON BEN MEIR DO	UNSECURED	0.00	*	0.00	
0073	PLEASANTSALY AMBULATORY CARE	UNSECURED	0.00	*	0.00	
0074	NORTHERN VALLEY ANESTHESIOLOGY	UNSECURED	0.00	*	0.00	
0075	NICOLE BORTNIKER DPT	UNSECURED	0.00	*	0.00	
0076	MNET FINANCIAL	UNSECURED	0.00	*	0.00	
0077	MATTHEW CHALFIN MD	UNSECURED	0.00	*	0.00	
0078	HEALTH EAST ASC	UNSECURED	0.00	*	0.00	
0079	FBCS	UNSECURED	0.00	*	0.00	
0080	ENGLEWOOD HOSPITAL & MEDICAL CEN	UNSECURED	0.00	*	0.00	
0081	EAST COAST SPRINE JOINT AND SPORT M	UNSECURED	0.00	*	0.00	
0082	EAST COAST SPRINE JOINT AND SPORT M	UNSECURED	0.00	*	0.00	
0083	EAST COAST SPRINE JOINT AND SPORT M	UNSECURED	0.00	*	0.00	
0084	CONNECTONE BANK	UNSECURED	60,075.33	*	654.30	
0085	CHILTON MEDICAL CENTER	UNSECURED	0.00	*	0.00	
0086	CERTIFIED CREDIT & COLLECTION BUREAU	UNSECURED	0.00	*	0.00	
0087	ATLANTIC MEDICAL GROUP	UNSECURED	0.00	*	0.00	
0088	ALEXANDER VISCO MD	UNSECURED	0.00	*	0.00	
0089	ADVANCE MEDICAL SUPPLY	UNSECURED	0.00	*	0.00	
0090	ENGLEWOOD HOSPITAL	UNSECURED	2,472.86	*	26.92	

Total Paid: \$2,890.48

See Summary

SUMMARY

Summary of all receipts and disbursements from the date the case was filed , to and including: January 18, 2019.

Receipts: \$2,900.00 - Paid to Claims: \$926.58 - Admin Costs Paid: \$1,963.90 = Funds on Hand: \$9.52

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****NOTE:** THIS REPORT IS NOT TO BE USED AS A PAYOFF FIGURE. ADDITIONAL ALLOWED CLAIMS AND OTHER VARIABLES MAY AFFECT THE AMOUNT TO COMPLETE THE PLAN.